

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 36
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div>	
<div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		<div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
City Harrisburg	State PA	Zip Code 17102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">937.50</div>
Purpose of Expenditure Events		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625134 Date of Disbursement or Obligation <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div>
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">782238.06</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		<div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
City Harrisburg	State PA	Zip Code 17102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1875.00</div>
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625140 Date of Disbursement or Obligation <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div>
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">782238.06</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2812.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling
[Electronically Filed]

Date

MM

 /

DD

 /

YYYY

Signature